

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 08/21/2014	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/11/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/21/14</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this PSR survey, Timbercrest Church of Brethren Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 and 400 halls was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and in areas open to the corridors. Battery operated smoke detectors were provided in the resident rooms on the 100, 200, 300 and 400 halls. The facility has a capacity of 65 and had a census of 60 at the time of this visit.</p> <p>All areas where the residents have customary</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 access were sprinklered. All areas providing facility services were sprinklered except for the detached garage used for maintenance storage.	{K 000}			
{K 000}	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/25/14. INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/11/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/21/14 Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140 Surveyor: Dennis Austill, Life Safety Code Specialist At this PSR survey, Timbercrest Church of Brethren Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The new section of the facility consisting of the kitchen, main dining room and the Crestwood hall was surveyed with Chapter 18, New Health Care Occupancies. This one story facility with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm	{K 000}			

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{K 000}	Continued From page 2 system with hard wired smoke detection in the corridors and in areas open to the corridors and in the resident rooms in Crestwood. The facility has a capacity of 65 and had a census of 60 at the time of this visit. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the detached garage used for maintenance storage.	{K 000}			